RACINE RESIDENTIAL CARE FDD 1719 WASHINGTON AVE

RACINE	53403	Phone: (262) 633-6348		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	FDDs
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/04):	51	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/04):	51	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on $12/31$	/04:	50	Average Daily Census:	50

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	8.0
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	100.0	   Under 65	68.0	1 - 4 Years   More Than 4 Years	8.0 84.0
Day Services	No	Mental Illness (Org./Psy)	0.0	Onder 65   65 - 74	14.0	More Illali 4 fears	04.0
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	16.0	[ ]	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	2.0	   ******************	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	0.0	65 & Over	32.0		
Transportation	No	Cerebrovascular	0.0			RNs	4.0
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	9.6
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	60.0	Aides, & Orderlies	58.9
Mentally Ill	No			Female	40.0		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		
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## Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care		l							
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	응	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				49	100.0	137	0	0.0	0	1	100.0	145	0	0.0	0	0	0.0	0	50	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		49	100.0		0	0.0		1	100.0		0	0.0		0	0.0		50	100.0

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04									
Deaths During Reporting Period											
					% Needing		Total				
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of				
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	0.0	Bathing	0.0		98.0	2.0	50				
Other Nursing Homes	33.3	Dressing	30.0		68.0	2.0	50				
Acute Care Hospitals	0.0	Transferring	82.0		16.0	2.0	50				
Psych. HospMR/DD Facilities	50.0	Toilet Use	82.0		16.0	2.0	50				
Rehabilitation Hospitals	0.0	Eating	0.0		98.0	2.0	50				
Other Locations	16.7	*******	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****				
Total Number of Admissions	6	Continence		%	Special Treat	ments	%				
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.0	Receiving R	espiratory Care	6.0				
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	26.0	Receiving T	racheostomy Care	0.0				
Private Home/With Home Health	20.0	Occ/Freq. Incontiner	nt of Bowel	14.0	Receiving S	uctioning	0.0				
Other Nursing Homes	0.0				Receiving C	stomy Care	0.0				
Acute Care Hospitals	20.0	Mobility			Receiving T	ube Feeding	0.0				
Psych. HospMR/DD Facilities	40.0	Physically Restraine	ed	2.0	Receiving M	echanically Altered Diets	76.0				
Rehabilitation Hospitals	0.0	İ									
Other Locations	0.0	Skin Care			Other Residen	t Characteristics					
Deaths	20.0	With Pressure Sores		0.0	Have Advanc	e Directives	4.0				
Total Number of Discharges		With Rashes		24.0	Medications						
(Including Deaths)	5	İ			Receiving F	sychoactive Drugs	66.0				
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Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This	I	FDD		All
	Facility	Fac	cilities	Fac	ilties
	%	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.0	93.1	1.05	88.8	1.10
Current Residents from In-County	92.0	35.3	2.61	77.4	1.19
Admissions from In-County, Still Residing	33.3	11.4	2.94	19.4	1.72
Admissions/Average Daily Census	12.0	20.4	0.59	146.5	0.08
Discharges/Average Daily Census	10.0	28.3	0.35	148.0	0.07
Discharges To Private Residence/Average Daily Census	2.0	12.1	0.17	66.9	0.03
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00
Residents Aged 65 and Older	32.0	16.0	2.00	87.9	0.36
Title 19 (Medicaid) Funded Residents	98.0	99.1	0.99	66.1	1.48
Private Pay Funded Residents	2.0	0.5	3.90	20.6	0.10
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00
Impaired ADL (Mean)*	32.0	55.0	0.58	49.4	0.65
Psychological Problems	66.0	48.1	1.37	57.7	1.14
Nursing Care Required (Mean)*	13.3	10.7	1.23	7.4	1.78

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